



VISIBLE EMISSIONS TEST NOTIFICATION FORM

Mecklenburg County Air Quality

Purpose: The primary goals of the Visible Emissions Test Notification Form are to initiate communication between representatives of the permitted facility, the testing consultants, and the Mecklenburg County Air Quality ("MCAQ") and to identify and resolve any specific testing concerns prior to testing. When filled out completely and accurately, the Visible Emissions Test Notification Form provides MCAQ with the necessary information to determine potential problem areas related to a proposed source testing project prior to the actual test date and serves as the protocol notification fulfilling the permit requirement for source test notification.

Instructions: Submit all forms and additional information to the MCAQ agency at least 30 days prior to the test or as specified for each Maximum Achievable Control Technology ("MACT") or New Source Performance Standard ("NSPS") requirement.

Please type or print clearly. If this form does not supply sufficient space to completely answer all questions or if additional relevant information is necessary, please **attach** additional documentation and/or information to the original form. This form may not satisfy all specific test protocol requirements in an air permit. Please submit additional information to satisfy air permit requirements in writing as an addendum

This form is available on MCAQ - Air website (<http://airquality.charmeck.org>).

Facility Name:		Testing Company:	
Facility's Location Address:		Testing Company's Mailing Address:	
Contact Person, Title:		Contact Person, Title:	
E-mail Address:		E-mail Address:	
Phone:	Fax:	Phone:	Fax:
VE Observer's Name:		VE Observer's Certification Date (provide a copy of certification):	

1.1) Is this test only for the determination of opacity ☐ Yes ☐ No?

If no, complete MCAQ's non-VE Performance Test Notification Form.

1.2) List all Mecklenburg County and Federal Regulations that apply to the proposed testing?

1.3) Will the test results be used for other regulatory purposes (e.g. emissions inventories, permit application, etc.) beyond that stated above, ☐ Yes or ☐ No? If yes, explain.

1.4) Please provide a brief description of the sampling location, **attach** schematic of sampling location, and indicate whether concurrent testing will be conducted at other sampling locations:

1.5) How will production/process data be documented during testing (control equipment, process parameters, etc.)? **Facilities are required to submit this information in the final report.**

Air Permit Number:

[illegible]

2.2) **Is all testing to be conducted in strict accordance with the applicable test methods or regulations?** If answer is no, ☐ Yes ☐ No
please **attach** complete documentation of all modifications and/or deviations to the applicable test methods.

2.3) **Test Dates:** What are the proposed test dates? If testing is anticipated to last more than one day or if all test methods will not be conducted simultaneously, please **attach** detailed test schedule.

*Signatures: Representatives from the permitted facility and the contracted testing company **must provide signatures** below certifying that the information provided on this form and any attached information is accurate and complete.*

_____/_____
Permitted Facility Representative *Date*

Name:

Title:

Company:

_____/_____
Testing Company Representative *Date*

Name: _____

Title:

Company:

Note: The final (test) report must include a thorough documentation of compliance demonstration that compares the test result values to all applicable regulations/standards and limits. If this is not included in the final test report MCAQ will deem the report as unacceptable.

Attach Additional Comment Sheets As Necessary